

Charlita Gurt
National Stage Processing
Patent Specialist
(703) 305-3734

09/527142

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		3		2	
TOTAL DEP.	8		4		8	
TOTAL CLAIMS	10		10		10	

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